



LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
PUBLIC SAFETY SERVICES
SUPPLEMENTAL PAY

CONSTABLE AND JUSTICE OF THE PEACE EMPLOYER SHARE
QUARTERLY REIMBURSEMENT REQUEST

TAX PAYER ID # _____ - _____

Please place a check mark by the appropriate quarter and fill in the calendar year for which you are requesting reimbursement.

1st Qtr _____ 2nd Qtr _____ 3rd Qtr _____ 4th Qtr _____ Year _____

Number of Constables _____

Number of Justices of the Peace _____

Please fill in the blanks with the total for each benefit.

FICA 6.2% \$ _____

Medicare 1.45% \$ _____

Retirement _____ % \$ _____

Town Name

Address

City LA State Zip Code

Phone Number Fax Number

Contact Name Title

Please submit request to P.O. Box 66909, Baton Rouge, LA 70896-6909. For inquiries, please contact Financial Services at Munpay@la.gov.

To knowingly submit false information could constitute a criminal offense, such as, false swearing, falsification of public document or theft by fraud. Furthermore, negligent submission of erroneous information may subject such negligent person to personal liability for any resulting overpayment of supplemental pay.